



Attorney's Docket No. 2854/72

PATENT

**COMBINED DECLARATION AND POWER OF ATTORNEY**(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION OR C-I-P)

As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type:

*(check one applicable item below)*

- ☒ original.
- ☐ design.
- ☐ supplemental.
- ☐ national stage of PCT.
- ☐ divisional.
- ☐ continuation.
- ☐ continuation-in-part (C-I-P).

**INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION****SYSTEM AND METHOD OF OPERATING A DEBIT CARD REWARD PROGRAM**

**SPECIFICATION IDENTIFICATION**

the specification of which:

*(complete (a), (b) or (c))*

- (a) is attached hereto.
- (b) X was filed on September 16, 1999, as Serial No. 09/397,309  
or ☐ \_\_\_\_\_  
and was amended on \_\_\_\_\_ *(if applicable)*.
- (c) ☐ was described and claimed in PCT International Application No. \_\_\_\_\_,  
filed on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_ *(if any)*.

**ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56,

*(also check the following items, if desired)*

- ☒ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and
- ☐ in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 CFR 1.98.

**PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))**

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

*(complete (d) or (e))*

- (d) ☒ no such applications have been filed.
- (e) ☐ such applications have been filed as follows.

**PRIOR FOREIGN / PCT APPLICATION(S) FILED WITHIN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION  
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)  
(34 U.S.C. § 119 (e))**

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

**PROVISIONAL APPLICATION NUMBER**

**FILING DATE**

60/130,830

April 23, 1999

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**CLAIM FOR BENEFIT OF EARLIER US / PCT APPLICATION(S)  
UNDER 35 U.S.C. 120**

- ☐ The claim for the benefit of any such applications are set forth in the attached  
ADDED PAGES TO COMBINED DECLARATION AND POWER OF  
ATTORNEY FOR DIVISIONAL, CONTINUATION OR CONTINUATION-IN-  
PART (C-I-P) APPLICATION.

**ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

**POWER OF ATTORNEY**

I hereby appoint the following attorney(s) and/or agents(s) to prosecute this application and transact all business in the Patent and Trademark office connected therewith.

James J. Murtha, Reg. No. 35,769

Bradford S. Breen, Reg. No. 30, 823

Lawrence B. Goodwin, Reg. No. 29, 642

Robert M. Isackson, Reg. No. 31,110

Robert A. Cote, Reg. No. 34,570

Stephen Lieb, Reg. No. 42,943

*(check the following item, if applicable)*

- ☐ Attached, as part of this declaration and power of attorney, is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

**SEND CORRESPONDENCE TO**

James J. Murtha

ORRICK, HERRINGTON & SUTCLIFFE LLP  
666 Fifth Avenue  
New York, New York 10103-0001

**DIRECT TELEPHONE CALLS TO:**

James J. Murtha

(212) 506-2054

**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## SIGNATURE(S)

Full name of sole or first inventor

James

L.

Bauer

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

FAMILY (OR LAST NAME)

Inventor's signature

Date

12/17/99

Country of Citizenship

US

Residence Bridgehampton, NY

Post Office Address 140 E. 45<sup>th</sup> Street, New York, NY 10017

Full name of second joint inventor, if any

Margaret

Masella

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

FAMILY (OR LAST NAME)

Inventor's signature

Date

12-17-99

Country of Citizenship

USA

Residence New York, NY

Post Office Address 140 E. 45<sup>th</sup> Street, New York, NY 10017

Full name of third joint inventor, if any

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

FAMILY (OR LAST NAME)

Inventor's signature

Date

Country of Citizenship

Residence

Post Office Address (same as above)

State of N.Y.  
County of N.Y.

(check the proper box(es) for any of the following

*added page(s) that form a part of this Declaration)*

- ☐ **Signature** for fourth and subsequent joint inventors.

*Number of pages added:* \_\_\_\_\_

\* \* \*

- ☐ **Signature** by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.

*Number of pages added:* \_\_\_\_\_

\* \* \*

- ☐ **Signature** for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47.

*Number of pages added:* \_\_\_\_\_

\* \* \*

- ☐ Added page for **signature** by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time. (37 CFR 1.47)

*Number of pages added:* \_\_\_\_\_

\* \* \*

- ☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.

*Number of pages added:* \_\_\_\_\_

\* \* \*

- ☐ Authorization of attorney(s) to accept and follow instructions from representative.

\* \* \*

*(if no further pages form a part of this Declaration, then end this Declaration with this page and check the following item)*

- ☒ This declaration ends with this page